



Washington State Department of Agriculture  
Pesticide Management Division  
PO Box 42591  
Olympia WA 98504-2591  
Telephone (360) 902-2080  
FAX (360) 902-2093

FOR CASHIER USE ONLY

## FORM 4309

### SEMI-ANNUAL COMMERCIAL FEED TONNAGE REPORT

(Please see instruction sheet for completing form)

**A**

#### REPORTING PERIOD

Check the applicable box and enter year: ☐ January 1-June 30, 200\_\_ ☐ July 1-December 31, 200\_\_

**B**

#### LOCATION / COMPANY NUMBER

**C**

☐ CHECK HERE IF THIS IS THE FIRST TIME REPORTING

**D**

REPORTED BY (NAME AND TITLE)

**E**

TELEPHONE NUMBER (INCLUDE AREA CODE)

**F**

SIGNATURE REQUIRED

**G**

#### DESIGNATION OF TONS DISTRIBUTED IN WASHINGTON STATE

1. **Total Tons of Commercial Feed You Distributed in Washington State** ..... = \_\_\_\_\_
  - 1a. Tons of Commercial Feed you distributed in packages of less than 10 lbs. each ..... = \_\_\_\_\_
  - 1b. Tons of Commercial Feed you distributed for which someone else has paid the inspection fee (if you enter tonnage on this line, you must complete form 4309A) ..... = \_\_\_\_\_
  - 1c. Tons of Commercial Feed you distributed to an Exempt Buyer (if you enter tonnage on this line, you must complete form 4309B. To determine if you distributed to an Exempt Buyer, see the definition of Exempt Buyer on page 1 of the instruction sheet)..... = \_\_\_\_\_
2. Add lines 1a, 1b, and 1c and enter on line 2 ..... = \_\_\_\_\_
3. **Total Tons You Are Paying For** (subtract line 2 from line 1 and enter on line 3. If the amount on line 3 is greater than zero, you must complete form 4309C)..... = \_\_\_\_\_
4. Inspection Fee: Multiply line 3 by \$0.09 ..... = \$ \_\_\_\_\_
5. Inspection Fee Owed: Enter the amount from line 4 or \$12.50, whichever is greater (If line 4 is zero, enter zero on line 5.) ..... = \$ 7107
6. Late Penalty Fee: If this report is being filed with the department more than 30 day after the end of the reporting period, you must pay a late penalty fee. Enter 15% of line 5 or \$50.00 whichever is greater. .... = \$ 7108
7. **Total Inspection Fees Due** (add lines 5 and 6) ..... = \$ \_\_\_\_\_